Practical Ethical Reasoning
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The ability to effectively address ethical dilemmas is an essential component of health care. The emphasis in ethical reasoning is on a sensible progression from the facts of the situation to a morally sound decision. An ethics "workup" (this one or a similar version) may be used by a variety of health care professionals at both the organizational and individual clinical level. Health executives, physicians, nurses, social workers, and other health professionals use similar techniques to assess ethical dilemmas with the goal of gaining a shared sense of what is morally acceptable. With some adjustments, it may also be used by lay persons. Using the five principal steps of the ethics workup, health professionals holding a variety of philosophical and religious positions regarding ethics can share a basic framework for thinking about and discussing morally troubling cases:

1. **WHAT ARE THE FACTS**?: It is vitally important to clarify the facts of any situation in order to anchor the decision. These facts relate to the organizational, medical, and social circumstances of the case. For example, at the bedside both an estimate of prognosis and an understanding of the patient's wishes are relevant to an ethical decision about what is in the patient's best interest. Resource allocation may be ethically relevant at the organizational level, but should provide a subsidiary influence at the bedside. Facts to consider:

   > Persons involved or affected (who?)
   > Diagnosis, prognosis, therapeutic options (what?)
   > Personal preferences, beliefs, values (what?)
   > Resources available (what?)
   > Chronology of events, time constraints (when?)
   > Medical setting (where?)
   > Organizational mission and policy (what?)
   > Patient's goals of care and treatment (why?)

   Clear and effective communication about the facts is crucial. Nurses and social workers may be instrumental in ensuring that the patient/family and other nonmedical health professionals understand the medical facts while also making sure the health care team understands pertinent nonmedical information about the patient and family. Administrators may be concerned for the welfare of the organization and those it serves as well as that of an individual patient.

2. **WHAT IS THE ETHICAL CONCERN**?: Identify the specific ethical issue in the case, and there may be more than one. Ethical claims may be competing, such as the welfare of one patient vs. that of many when considering resource allocation. The issue may not be ethical at all, but rather a legal issue, a placement issue, or simple miscommunication about the clinical facts.

   Some common ethical concerns in the clinical setting include:

   > The patient's right to refuse or demand treatment
   > Questions of futility and withholding or withdrawing treatment
   > Appropriate surrogacy and substituted judgment
   > Organizational limitations of services
   > Policies and practices regarding privacy and confidentiality

3. **FRAME THE ISSUE**: Some health professionals may explore the issue using one moral approach (e.g. personal belief or faith). Others will eclectically employ a variety of approaches (good of the patient, good of society, personal belief, etc). But no matter what one's underlying moral orientation, the ethical issue at stake in a given case can be framed in terms of several broad areas of concern, representing aspects of the case which may be in ethical conflict. It is therefore useful, if somewhat artificial, to dissect the case along lines of particular interest:

a. Identify the appropriate decision maker(s): Patient, family, court, the health care team?

b. Apply the criteria to be used in reaching clinical decisions.

   1) The specific biomedical good of the patient: One should ask, what will advance the biomedical good of the patient? What are the medical options and likely outcomes? What is the prognosis?

   2) The broader goods and interests of the patient: One should ask, what broader aspects of the patient's good, i.e., the patient's dignity, religious faith, other valued beliefs, relationships, and the particular good of the patient's choice, are pertinent to the decision at hand?

   3) The goods and interests of other parties: Health professionals must also be attentive to the goods and interests of others, e.g., in the distribution of resources. One should ask, what are the concerns of other parties (family, health care professionals, health care institution, law, society, etc.) and what differences do they make, morally, in the decisions that need to be made about this case? In deciding about an individual case, however, these concerns should generally not be given as much importance as that afforded the good of the individual patient whom health professionals have pledged to serve.

The physician explains the medical options to the patient/surrogates and if indicated makes a recommendation. The patient/surrogate makes an uncoerced, informed decision. Limits to patient/surrogate autonomy include the bounds of rational medicine/nursing/social work, the probability of direct harm to identifiable third parties, and violation of the consciences of involved health care professionals. Deviation from the organization's mission. Limitations based on direct harm to the organization financially and structurally. In problematic cases the interdisciplinary team may meet to ensure consistency in their recommendations to the patient/surrogate(s).

c. Establish the health care professionals' moral/professional obligations.

Each health care professional, including health care executive, must decide what she/he owes the patient, herself/himself, the health care team, the health care institution, and other third parties. Conflicts will often present and must be accommodated. Typically more than one option must be considered for each case.

4. **DECIDE**: In clinical ethics, as well as organizational ethics, a decision must ultimately be made. There is no simple formula. The answer will require clinical or managerial judgment, practical wisdom, and moral argument. The health care professional must ask herself/himself, "What should I do? Where can I get help? How can I best serve the interests of all interested parties?" She/he must analyze the data, reflect on it morally, and draw a conclusion. She/he must be prepared to explain her decision and the moral reasons for it.

Sources of justification include:

a. The nature of the health care is patient-centered. For physicians and nurses it is in the professional-patient relationship; for the health executive it is in ethically balancing the interests of the patient with those of many patients as well as the organization. Consider the compatibility of a recommended course of action with the aims of profession [the *internal morality* of profession].

b. Approaches to ethical inquiry: principle-based ethics, virtue-based ethics, casuistry, feminist/caring/existentialist ethics, theological ethics

c. Ethically relevant considerations:

1) Balancing benefits and harms in the care of patients
2) Disclosure, informed consent, and shared decision making
3) The norms of family life and personal belief
4) The relationships between clinicians and patients
5) The professional integrity of health professionals
6) Cost-effectiveness and resource allocation
7) Issues of cultural and religious variation
8) Considerations of *power* differences and vulnerability
9) Organizational mission, goals, and needs
10) Research subjects
11) Vulnerable populations-access, cultural needs
12) Health literacy

d. Grounding and source of ethics: philosophical (based in *reason*), theological (based in *faith*), socio-cultural (based in *custom*)

5. **CRITIQUE**: It is important to be able to critique the decision that has been made by considering its major objections and then either responding adequately to them or changing one's decision. The health care professional should also seek her/his colleagues' input when time permits. Ethics committees should also do retrospective analysis of cases, which is useful in preparing "for the next time" such a situation is encountered.